



## ELIGIBILITY APPEAL ACKNOWLEDGEMENT LETTER

[Date]

[Applicant's Name]

[Address]

[City, State, Zip]

DMH IS #: *[insert number]*

Dear [Applicant Name]:

We received your appeal regarding the decision to deny your enrollment in the Healthy Way LA (HWLA) Program on *[insert date]*. Thank you for letting us know about your request for a review of the Notice of Action.

**NOTE:** If you cannot read or understand this letter, call DMH Patients' Rights at (213) 738-4949. If you have trouble hearing or speaking, use TTY/TTD at (800) 735-2929.

As a HWLA Program applicant you have the following rights:

1. You have the right to speak for yourself during the appeal or to choose another person to act for you. That person is your "representative." That person may be a relative, friend, advocate, doctor, lawyer or someone else.
2. You may send written comments, documents, records and other information about your appeal. **You should send in those papers within 15 days of the date of this letter. If you do not send them by that time, we may not consider your papers in making our decision.**

However, if you have a hearing, you may send in papers up to 15 days after the hearing ends, and we will consider them in our decision.

3. You may also ask for a hearing in person, by telephone or by video conference with the person deciding the appeal. During the hearing you can give the reasons why you disagree and examine and cross examine witnesses. If you want an in-person or video teleconference hearing, you must call within **10 days** of the date of this letter. If you want a hearing by telephone, you may request it at any time, but not doing so within 10 days of the date of this letter may delay our decision on your appeal.

4. Hearings are free of charge. You may ask us to repay your costs, and the cost of your representative, if you have one, for getting to an in-person hearing. At the hearing, we will tell you how to get repaid for those costs. You can change from a telephone or video conference to an in-person meeting at any time. You can change from an in-person meeting to a telephone hearing at least 24 hours before the hearing date.
5. Before and during the appeal process you have the right to look at the case file and HWLA's position file, if there is one. The case file includes notes on your application, supporting papers or other information related to your appeal. Call DMH Patients' Rights at the number shown below if you want to look at these documents.
6. If, after the decision is made, you are still unhappy, you may ask for a State Fair Hearing. You may ask for a State Fair Hearing **after** you have finished the HWLA appeal process and have received a letter with the decision.

Your appeal will be investigated and you will be contacted if more information is needed. A letter with the decision will usually be mailed to you within 45 days from the date your appeal was received

If you have questions, or want to request a hearing, call the DMH Patients' Rights at (213) 738-4949, or use TTY/ TDD at (800) 735-2929. You may also give information about your appeal by mailing or faxing it to:

**DMH Patients' Rights  
550 South Vermont Avenue  
Los Angeles, CA 90020  
Fax: (213) 365-2481**

Thank you for letting us know about your concerns.

Sincerely,

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[Name of Patients' Rights Advocate]

**C: Revenue Management**